



LAKE HAVASU CITY

NEW COMMERCIAL STRUCTURES,
TENANT IMPROVEMENTS & MULTI-FAMILY

DEVELOPMENT REVIEW/PERMIT PROCESS NEW COMMERCIAL STRUCTURES, TENANT IMPROVEMENTS AND MULTI-FAMILY PROJECTS

1. **Pre-application Conference:** Applicant submits a Project Summary Work Sheet and conceptual site plan. Work sheets submitted by 4 p.m. on Friday will be scheduled for a pre-application conference on the following Thursday or Friday at hourly increments beginning at 10 a.m. If these days/times are not appropriate, they may be adjusted to meet applicant needs. At the pre-application conference, the project owner, architect and contractor will meet with the Development Review Committee made up of one representative from each of the permitting departments including planning, building, fire and engineering, to discuss the project. Staff will elaborate on submittal requirements and the applicant will be given all the checklists for submittal requirements and all application forms necessary to obtain required permits. A Permit Coordinator will be assigned to each project that will facilitate the pre-application meeting, and be the main point of contact with the applicant throughout the submittal, review, and permitting process.
2. **Completeness Verification:** Plan review does not begin until we have verified that the submittal package is complete. The applicant is responsible for the completion and submittal of all necessary construction documents, plans and application forms as described in the pre-application conference. The Review Team verifies the completeness of the submittal. If incomplete, the plans are returned to the applicant. If complete, the applicant pays the planning and building review fees and the plan review process begins. [Approximately 3 days for the first completeness review.]
3. **Plan Review:** Construction plans will be reviewed concurrently by the Planning Division, Building, Engineering, and Fire Prevention for code compliance. All review comments will be provided to the applicant with the redlined plans.
4. **Corrections:** The applicant is responsible for responding to all comments and required corrections. The review process may be repeated as many times as necessary for the applicant to address the code requirements.
5. **Permit Issuance:** Issuance of the various permits requires the payment of all permit and plan check fees, plus off-site improvement guarantees and Mohave County Health Department approval when required. No permits will be issued until the name of the general contractor plus his city business license number, contractor's license number and a copy of his Arizona Department of Revenue bond exemption certificate have been provided on the building permit application.



LAKE HAVASU CITY

Community Services Department ♦ 2330 McCulloch Blvd. North ♦ Lake Havasu City, AZ 86403 ♦
928-453-4148

MOHAVE COUNTY DEPARTMENT OF HEALTH ENVIRONMENTAL HEALTH DIVISION 2001 COLLEGE DRIVE (928) 453-0712

To insure all projects are constructed in accordance with pertinent Arizona Health Regulations, the Mohave County Health Department requires plans be submitted to them for approval of the following types of projects:

- All types of food establishments (restaurant, saloon, market, convenience market, deli, café, snack bar, juice bar, cafeteria, etc.)
- Public & semi-public swimming pool and spa (bathing places in apartment, condominium, townhouse, motel, hotel). This also applies to residential housing units with 4 or more units. A.A.C. R 18-5-201
- Pet Shop, Kennel, Grooming establishments with the exception to veterinary clinics providing these services.
- Public accommodations (i.e. hotels, motels, inns, etc.). Bed and Breakfast may be excluded from plan review by meeting all requirements per Arizona Food Code (i.e. home is owner occupied, number of bedrooms does not exceed 6, breakfast is the only meal offered, number of guests served does not exceed 18, consumer is informed by statements contained in published advertisements, mailed brochures, and placards posted at the registration area that the food is prepared in a kitchen that is not regulated and inspected by the regulatory authority)
- RV parks and mobile home parks, campground
- School building

It is the responsibility of the owner, the owner's agent, the architect or the contractor to coordinate directly with the Health Department and provide all required plans directly to them. **Building permits cannot be issued until Health Department approval is obtained.**

☐ I understand that my project **WILL** require Health Department approval and that it is my responsibility to deal directly with them.

☐ I understand that my project **WILL NOT** require Health Department approval.

Name of Proposed Project: _____

Project Location: _____

Signature of Applicant

Relationship to Project

Date: _____

Submittal Date

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LAKE HAVASU CITY

Community Services Department & Fire Department
2330 McCulloch Blvd. North ♦ Lake Havasu City, AZ 86403 ♦ 928 453-4148

NEW COMMERCIAL STRUCTURES, TENANT IMPROVEMENT & MULTI FAMILY PLAN ACCEPTANCE CRITERIA

PROJECT NAME: _____

PROJECT ADDRESS: _____

PROJECT LEGAL: Tract: _____ Block: _____ Lot: _____

FORMS REQUIRED PRIOR TO PERMIT ISSUANCE:

- ☐ ***Completed Application for Building Permit/Utility Service/Off-Site Improvement/Fire Permit for each building** with: Property owner's name, mailing address and telephone; General Contractor and Subs Info-including State & City License #
- ☐ **Valid Licensing Certification**
- ☐ **Bond Exemption Certificate for projects with estimated project value over \$50,000**

***PLEASE NOTE:** *If contractor information is not provided at time of submittal, it may result in permit issuance delay. Permit will not be issued until all licensing information has been submitted on general contractor.*

Registrant Requirements: Every sheet must be stamped by an Arizona registrant(s) (except projects exempt by Arizona Revised Statutes § 32-144)

Current Codes: 2012 IBC, 2012 IMC, 2011 NEC, 2012 IPC, 2012 IFGC, 2012 IFC, 2010 "ADA", ANSI A117.1-2009, and LHC local amendments. *Automatic fire sprinklers are required on all multi-family and commercial occupancies.*

Design Parameters:

Seismic Zone = Engineer to calculate

Rainfall = 1.5 inches per hour

Wind Design = Risk Category* I = 105 mph

Risk Category* II = 115 mph

Risk Category* III & IV = 120 mph

*Risk Category determined by ASCE 7-10 minimum design loads for buildings and other structures – Table 1.5.1

Wind Exposure = B or C, as determined by Engineer

BUILDING DIVISION:
REQUIRED/COMPLETED

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Project Name, Description, Tract-Block-Lot and Street Address required on all sheets of Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Department Notification Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Soils report or design to 1500 psf (compaction report required for all projects)
(Note: Soils report required for all essential facilities & grading exceeding 5,000 cubic yards) |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed LHC Special Inspection Certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | Three (3) complete sets of construction drawings (2-Bldg., 1-Fire), 1 PDF CDROM that contains PDF of each plan sheet with Sheet Title and Sheet number to include: |
| <input type="checkbox"/> | <input type="checkbox"/> | Title Sheet (Bldg Code Data, Allowable Area Calc, Plumbing fixture calcs. Deferred submittal items) |
| <input type="checkbox"/> | <input type="checkbox"/> | Site Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Site Accessible Route Plan (IBC 1104 & ADA 206) |
| <input type="checkbox"/> | <input type="checkbox"/> | Civil drawings (hardscape, site drainage & site utilities, retention/detention areas, site retaining walls with square footage) |
| <input type="checkbox"/> | <input type="checkbox"/> | Survey |
| <input type="checkbox"/> | <input type="checkbox"/> | Grading Plans (include total cubic yards of cut and/or fill) |
| <input type="checkbox"/> | <input type="checkbox"/> | Means of Egress Plan (IBC Sec. 107.2.3 & IBC Chapter 10) |
| <input type="checkbox"/> | <input type="checkbox"/> | Floor Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Foundation Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Roof Framing Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Architectural Elevations |
| <input type="checkbox"/> | <input type="checkbox"/> | Typical longitudinal and transverse cross-sections (incl. type of roof and wall) |
| <input type="checkbox"/> | <input type="checkbox"/> | Structural details |
| <input type="checkbox"/> | <input type="checkbox"/> | Plumbing Plan (isometrics-drain & water, fixture units, water meter & distribution pipe size calcs, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Mechanical plan (model number, unit size, weight, and maximum fuse size, duct layout & size, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Full size Manufacturer's stock sheets for type 1 & type 2 kitchen exhaust systems |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical plan (one-line, panel schedule, load and fault current calculations, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Electric service must be installed underground |
| <input type="checkbox"/> | <input type="checkbox"/> | ADA Specifications sheet |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) sets of truss calculations |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) sets of sealed structural calculations |

PLANNING & ZONING DIVISION:

Projects that have not been reviewed in a pre-application meeting will be required to secure formal Design Review approval unless the applicant/owner contacts a representative of the Planning Division to make other arrangements.

- ☐ The proposed project does not require review by the Planning Division.
- ☐ The proposed project will not require a separate design review submittal. The Planning Division will review the project utilizing the plans submitted to the Building Division.
- ☐ The proposed project requires a formal design review and the following documentation must be submitted for design review.

REQUIRED/COMPLETED

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Complete Design Review Application |
| <input type="checkbox"/> | <input type="checkbox"/> | One (1) 24" x 36" Site Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | One (1) 24" x 36" Landscape Plan (If not on Site Plan) |
| <input type="checkbox"/> | <input type="checkbox"/> | One (1) 24" x 36" Architectural Building Elevations |
| <input type="checkbox"/> | <input type="checkbox"/> | One (1) 8 1/2" x 11" Site Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | One (1) 8 1/2" x 11" Addressing Plan |

FIRE DIVISION:**REQUIRED/COMPLETED**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Sets Fire Lines/Underground Supply On-Site Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Sets Fire Sprinkler Plans for System – Type: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Sets of Fire Sprinkler System Hydraulic Calcs |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Sets of Fire Alarm and/or Fire Sprinkler Monitor Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Sets Fire Suppression System/Hood or SPL System Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | Hazardous Materials Disclosure Statement Form |
| <input type="checkbox"/> | <input type="checkbox"/> | MSDS on all Disclosed Items |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Sets Spray Booth/Room Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | Storage form |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Sets L.P. Gas Tank Site Plans – Tank Size: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Sets Underground/Above Ground Tank(s) Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | Site Plan Showing Fire Lanes |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide plans on CD-ROM in Type DWG Digital Format |
| <input type="checkbox"/> | <input type="checkbox"/> | As needed, for Fire Department review: |

Comments: _____

DEVELOPMENT ENGINEERING:
REQUIRED/COMPLETED

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Sets of Right-of-Way Improvement Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | Quantities of proposed work in the right-of-way (asphalt, curbs, sidewalks, driveways) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Site Plans showing Water/Sewer/Fireline Services |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Sets of Erosion and Sediment Control Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Sets of Drainage Plans (Retention/Detention) & auto cad dwg. file (2014 or older) |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Plumbing plan showing fixture unit counts for water and sewer fixtures & max gallons p/minute water use |
| <input type="checkbox"/> | <input type="checkbox"/> | Industrial Waste Questionnaire completed and signed |

As needed items

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Water Capacity Study required |
| <input type="checkbox"/> | <input type="checkbox"/> | Sewer Capacity Study required |
| <input type="checkbox"/> | <input type="checkbox"/> | Traffic Impact Study required |
| <input type="checkbox"/> | <input type="checkbox"/> | Drainage Study required |
| <input type="checkbox"/> | <input type="checkbox"/> | Offsite Improvement Agreement required |
| <input type="checkbox"/> | <input type="checkbox"/> | Grease Interceptor required |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

PRE-APPLICATION ACKNOWLEDGEMENT and/or PRE-APP WAIVER ACKNOWLEDGEMENT:

I understand that **ALL** of the above information must be submitted unless an item has been found not to be applicable. Plan check will not begin until all required documentation has been provided. I will be notified of any submittal deficiencies. Further, I understand that I have the right to request a formal pre-application meeting and that without a pre-application meeting, LHC has not had the ability to pre-review my plans and/or information for omissions.

Applicant (Print Name)

Applicant (Signature)

Date

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Building Completeness Review:

- ☐ Plans **accepted**, reviewed by _____ Date: _____
- ☐ Plans **rejected**, reviewed by _____ Date: _____
- ☐ Plans resubmitted Date: _____
- ☐ Shell verification on application & plans Date: _____

Plan Check Retainer Fee: \$ _____

P&Z Completeness Review:

- ☐ Plans **accepted**, reviewed by _____ Date: _____
- ☐ Plans **rejected**, reviewed by _____ Date: _____
- ☐ **No requirements**, reviewed by _____ Date: _____
- ☐ Plans resubmitted Date: _____

Design Review Fee: \$ _____

Fire Completeness Review:

- ☐ Plans **accepted**, reviewed by _____ Date: _____
- ☐ Plans **rejected**, reviewed by _____ Date: _____
- ☐ **No requirements**, reviewed by _____ Date: _____
- ☐ Plans resubmitted Date: _____
- ☐ Plans deferred Date: _____

Development Engineering Completeness Review:

- ☐ Plans **accepted**, reviewed by _____ Date: _____
- ☐ Plans **rejected**, reviewed by _____ Date: _____
- ☐ **No requirements**, reviewed by _____ Date: _____
- ☐ Plans resubmitted Date: _____



LAKE HAVASU CITY (www.lhcaz.gov) PERMIT CENTER
Application for Building/Driveway/Fire Permits/Water Service & Land Use

2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403

Office (928) 453-4148 Fax 855-7062 --- Inspections 855-3816 Fax 854-3763

INTERNAL USE:

<input type="checkbox"/>	Water
<input type="checkbox"/>	Engineering
<input type="checkbox"/>	Fire

Project Description				SQUARE FOOTAGE		
Project Address			Tract	Block	Lot(s)	
Project Name				Estimated Project Value		
Name		Mailing Address (Address, City, State, Zip Code)			Phone	
OWNER						
Name		Mailing Address			Phone	State Lic # / Class
ARCHITECT						
GENERAL						
MECHANICAL						
ELECTRICAL						
PLUMBING						
GRADING						
POOL/SPA						
DRIVEWAY						
FIRE SPRINKLER						
FIRE LINE						
FIRE ALARM						
<input type="checkbox"/> Building Permit <input type="checkbox"/> Driveway Permit: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Add to Existing						
<input type="checkbox"/> Water Meter		<input type="checkbox"/> Irrigation Meter **		<input type="checkbox"/> Hot Tap		<input type="checkbox"/> Sewer Tap <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
						<input type="checkbox"/> Backflow (Attach 2 site plans)
						<input type="checkbox"/> Fire Line
Size						

☐ CONTRACTOR ☐ OWNER PLEASE CHECK PERSON RESPONSIBLE FOR WATER SERVICE BILLING. The undersigned applies for water service subject to all rules and regulations of the city.

☐ CONTRACTOR/AUTHORIZED AGENT. The undersigned accepts responsibility to assure that the work conducted under this permit shall conform in all respects to plans submitted in conjunction with this document, that all work shall be done in accordance with the City Codes of Lake Havasu City, Arizona, and that occupancy or use of any structure will not be permitted or commence until a Certificate of Occupancy has been duly issued. Failure to comply with this requirement may result in a criminal complaint being filed. **This application for permit has been filed on behalf of the property owner and the application and all accompanying plans/documents may be revoked or transferred at any time by the property owner.**

☐ OWNER/BUILDER. I, as owner of the property, am exclusively contracting with licensed contractors to construct the project or I or my employees will do the work. I understand that I must own the home for a period of one (1) year following completion prior to renting, selling, or leasing such residence. That occupancy or use of any structure will not be permitted or commence until a Certificate of Occupancy has been duly issued. Failure to comply with this requirement may result in a criminal complaint being filed.

☐ OWNER/APPLICANT FOR DRIVEWAY OR BACKFLOW PERMIT. I hereby understand and acknowledge that the installation requirements, as part of this permit, must be performed by a licensed contractor and that proof of contract with said contractor may be required at the time of inspection.

I hereby file the above application as party of interest, or representative thereof, and declare that all information submitted is true and correct to the best of my knowledge and belief.

Signature of Owner, Contractor, or Authorized Agent _____ Title _____ Date _____

- All information **must be filled in completely** and **must be legible** or this application will not be accepted.
- Changes may result in additional plan review fees.
- **PERMIT EXPIRES** 180 days from issuance (with no required inspections) or 180 days from last required inspection. **Plans in review status may be destroyed if not resubmitted or issued within 180 days.**
- **No refund** of plan check fees will be granted if plans have been reviewed by Plans Examiner. **Permit fees may be refunded** at 80% within 180 days of permit issuance if no work has commenced.
- Consult with Mohave County Health Department, 2001 College Drive, Lake Havasu City, concerning septic tank installation and percolation tests.

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COMMENTS / CONDITIONS <input type="checkbox"/> Bond Exemption Cert. <input type="checkbox"/> Health Dept. Approval <input type="checkbox"/> Licensing Certification <input type="checkbox"/> Sprinkler <input type="checkbox"/> Prior Grade: _____ <input type="checkbox"/> Max Grade: _____ <input type="checkbox"/> Min. Grade: _____ <input type="checkbox"/> Land Use: _____	Zoning	VALUATIONS		
	Occupancy	:	sq. ft. @	=
	Census Class	:	sq. ft. @	=
	Type of Const.	:	sq. ft. @	=
	No. Stories	:	sq. ft. @	=
	Dwelling Units	:	sq. ft. @	=
	Authorized Use	:	sq. ft. @	=
Comments:	Plan Check Fee: \$ _____ Total Valuation: \$ _____			
	Building Fee: \$ _____			
	Retainer Fee: \$ _____ Permit Fee: \$ _____ PE: _____			